Supplemental Material 5

5.1 Interview: Patient Information Sheet

Patient Information Sheet

You are being invited to participate in a research study. Before you take part in this research study, the study must be explained to you and you must be given the chance to ask questions. Please read carefully the information provided here. If you agree to participate, please sign the informed consent form. You will be given a copy of this document to keep with you.

Protocol Title: Trauma Training Effectiveness Research Network

Principal Investigator: Name

PURPOSE OF THE RESEARCH STUDY

We are currently conducting research in this hospital to study the feasibility of assessing the effect of trauma life support training programs on care and outcome of patients with injury. Trauma means when a person has injuries that are serious. To select the outcomes most relevant to patients like you, we want to know what are the challenges you faced in returning back to normal life after the injury. We ask you to participate in this study because you presented to this hospital after having an injury.

STUDY PROCEDURES AND VISIT SCHEDULE

If you agree to participate, we will call you or a relative three months (90 days) after you arrived at this hospital to hear how you are. We will ask you for permission to visit you at your home. If you agree we will visit you at a time convenient to you to talk to you about health after discharge. You do not have to answer certain questions if you prefer not to. You can also end the interview whenever you want, even if all questions have not been answered. An audio recording of the interview may be taken.

WITHDRAWAL FROM STUDY

Participation in this study is completely voluntary. Even if you agree to participate now you are free to withdraw at any time without giving any reason for doing so. Withdrawing will not affect your ordinary treatment or the care given to you. To withdraw you contact any of the study contact persons on the numbers or emails listed below.

POSSIBLE RISKS, DISCOMFORTS AND INCONVENIENCES

We have not been able to identify any major risks associated with participating in this study. If you would at that point, or any other point of time, wish to withdraw from the study, you are free to do so.

POTENTIAL BENEFITS

Our research may help to study the most relevant outcomes for you to get back to normal life after the injury. Although this research will not affect the care you were given in this hospital at this time, its results might help you if you are injured again in the future, or

others that are injured. There is no assurance you will benefit from this study. However, your participation may contribute to the medical knowledge about the effect of the use of trauma life support training programs on the life of injured patients.

SUBJECT'S RIGHTS

Your participation in this study is entirely voluntary. Your questions will be answered clearly and to your satisfaction. In the event of any new information becoming available that may be relevant to your willingness to continue in this study, you will be informed in a timely manner by the Principal Investigator or his/her representative.

CONFIDENTIALITY OF STUDY AND MEDICAL RECORDS

The results of this research may be published as a scientific article; however, it will not be possible to identify you by reading any article that may result from this work. Further, data from this project will be shared with other researchers in India and abroad, but it will not be possible to identify you using only that data.

COSTS OF PARTICIPATION

If you take part in this study, there will be no charge levied on you. You will not receive any compensation for participating in this study.

RESEARCH RELATED INJURY AND COMPENSATION

The study being observational is not likely to cause any research related injury.

WHOM TO CONTACT IF YOU HAVE QUESTIONS

If you have questions about this research study and your rights or in the case of any injuries during the course of this study, you may contact:

Name
Department
Phone Number
Email

5.2 Interview: Patient Consent Form

Consent Form

Protocol Title: Trauma Training Effectiveness Research Network

Subject's Particulars

Name:

Address:

Date of birth _____ Phone No

(dd/mm/yyyy)

I, _____ **agree / do not agree** to participate in the research study as described and on the terms set out in the Patient Information Sheet. The nature of my participation in the proposed research study has been explained to me by Dr/Mr/Ms _____I have fully discussed and understood the purpose and procedures of this study. I have been given the Patient Information Sheet and the opportunity to ask questions about this study and have received satisfactory answers and information.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reasons and without my medical care being affected.

I also give permission for information in my medical records to be used for research. In any event of publication, I understand that this information will not bear my name or other identifiers and that due care will be taken to preserve the confidentiality of this information.

_____ _____

[Signature/Thumbprint (Right / Left) of patient] (Date of signing)